

സ്ഥാപനം ആരംഭിച്ചാൽ ആ പ്രദേശങ്ങളിലുള്ള പൊതുജനങ്ങളുടെ ഭിത്താശയും, സഹായസഹകരണങ്ങളും കൂടാതെ ആ സ്ഥാപനം നടക്കുകയില്ല. അതുകൊണ്ടു ഗവണ്മെന്റും ജനങ്ങളും ഒത്തൊരുമിച്ച് ഈ ഭോഷത്തെ നിവാരണം ചെയ്യുന്നതിനു പ്രവർത്തിക്കേണ്ടതാണ്. ഇങ്ങനെ ഒരു സ്ഥലത്തു ഫെൽത്തു യൂനിറ്റ് ശരിയായി നടക്കുകയാണെങ്കിൽ സമീപസ്ഥലങ്ങളിലും അതുപോലെ ഫെൽത്തുയൂനിറ്റുകൾ ഉണ്ടാകുന്നതാണ്. അങ്ങിനെ അതു രാജ്യം മുഴുവനും പരസ്പരം നിങ്ങൾ ആശിച്ചതുപോലെയുള്ള ഗുണവും ഫലവും സിദ്ധിക്കുന്നതാണ്.

[The subject of your representation is a very important one. The importance of the subject has been realised by the Government and the people recently. In addition to what Government have done already, there are certain directions in which action is contemplated in the near future. One of the two officers trained in Public Health work in America is proposed to be employed for the organisation of a Health Unit. The work of the Health unit relates to maternity and child welfare also and its success lies in the co-operation of the inhabitants of the area. If one unit proves popular and beneficial, more units will be organised and the benefits desired by you will flow from them.]

62. Reform of the Medical Department.

MR. S. AZHAKIANAYAKAM PILLAI (*Agastiswaram taluk*) said that the increase of population and the consequent congestion in towns as well as in villages gave rise to diseases. Most of the rural parts in Nanjinad were not provided with dispensaries. The people could not therefore get proper medical aid when it was most urgently needed. Every important village in Nanjinad should therefore be provided with a dispensary.

The Government should also attend to the needs of rural areas by encouraging private dispensaries. That could be done by allowing liberal money grants to qualified private practitioners. Liberal grants would surely attract qualified practitioners to rural areas.

The most important matter which required the serious attention of Government was the introduction of measures for strictly prohibiting unqualified *vaidyans* and chemists from practising. In most parts of Nanjinad, *vaidyans* having neither the necessary qualifications nor even a fair knowledge of the English language were seen to be carrying on practice in the allopathic system and even conducting surgical operations with instruments. In consequence, many a poor patient became victims of their folly. Effective interference on the part of the Government was therefore necessary. At least, a system of issuing licenses should be introduced in the case of the so-called *vaidyans*.

Marungur, which was an important village in the Agastiswaram taluk, was seven miles away from Nagercoil and Kottaram. There were

fifteen villages around Marungur with a population of 10,000. From Marungur there was no motor service either to Nagercoil or to Cape Comorin and even bullock-carts were not easily available. A dispensary should therefore be established at Marungur.

DEWAN'S REPLY : Mr. Azhakianayakam Pillai. In regard to your representation advocating the establishment of a dispensary in every *pakuthi* in Nanjinad, I hope the need will never come for that. The health of the place must be very bad before such a necessity can actually arise. As it is, one finds that Nanjinad is one of the districts where people have greater facilities for getting medical help than any other part of the State.

Your suggestion that qualified medical practitioners should start private dispensaries and that Government should help them with grants, is one that Government themselves have once accepted; and if qualified people are prepared to come forward to open dispensaries, you may rest assured that Government will be prepared to render all facilities in that matter.

The question of having a Medical Registration Regulation is under the consideration of Government.

63. Kottayam Hospital.

MR. NINAN EIPE (*Kottayam taluk, Group I*) speaking in Malayalam said that the needs of the Kottayam hospital received little attention at the hands of the Government and the Medical Board. It was widely regretted that representations on that subject in the Assembly and elsewhere had no effect on them. The town of Trivandrum was to have the luxury of pipe-water on an expenditure of Rs. 57 lakhs. The people of the Kottayam town and its suburbs were not asking for lakhs but only for thousands.

Visitors to the hospital could hardly fail to notice the squalor and misery in its premises and the wretched condition of the patients occupying the wards. Mr. A. Venkitarama Iyer, who officiated as Dewan, described the condition of the hospital as worse than a cattle shed. For want of accommodation, patients occupied the verandahs and the back-yards of the hospital and their condition daily grew from bad to worse due to exposure to the heat of the day and the excessive cold at night. Dr. Peter Lakshmanan, some time Durbar Physician, had proposed the construction of eight additional buildings in the premises of the hospital, and the Public Works Department started preparing plans. But suddenly a dispute arose with regard to the plan for the eighth building and the whole project fell through. It would have been a great blessing if the seven buildings whose plans were completed without dispute had been constructed, leaving out the unfortunate eighth.

That the accommodation available in the two existing buildings was quite inadequate was evident from the following statistics. During the years 1101, 1102, 1103, 1104 and 1105 the major operations were 260, 275, 307, 312 and 321, the out-patients treated were 39,702, 43,032, 43,552, 40,773 and 47,518 and the in-patients in the hospital